10/530879

Attorney Docket No. 0825-0173PUS2

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated

	below) or an original, first a claimed and for which a pat	and joint inventor	(if plural inventors a	are named below) of the s	subject matter which is			
Insert Title:	IMMUNIZATION OF NON	I-HUMAN MAMI	MALS AGAINST STR	REPTOCOCCUS EQUI				
	the specification of which is docket number as set forth a	s attached hereto bove and/or the	. If not attached here following:	eto, the application is iden	ntified by the attorney			
Fill in Appropriate Information -	The specification was filed o	on <u>April 11, 20</u>	005 as United State	es Application Number _	10/530,879 ;			
miornizuon -	and amended on (if applicable) and/or							
For Use Without Specification	the specification was filed or	October 10, 200	3 as PCT Internation	nal Application Number $_$	PCT/SE03/01587;			
Insert Priority Information (if appropriate)	and was amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) (Country) (Month/Day/Year Filed) Yes No (Number) (Country) (Month/Day/Year Filed) Yes No							
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No			
	<u></u>							
	(Number)	(Country)		(Month/Day/Year Filed)				
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional		0		October 11, 20	002			
Application(s): (if any)	(Application Number)		(Filing	Date)				
	(Application Number)		(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
Insert Requested Information (if appropriate) Insert Prior U.S. Application(s): (if any)	Country	····	Application Number	Per Date of Filing	g (Month/Day/Year)			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
	(Application Number)	(F	iling Date)	(Status - patented,	pending, abandoned)			
	(Application Number)	(F	iling Date)	(Status - patented,	pending, abandoned)			

Attorney Rocket No. 0825-0173PUS2

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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PLEASE NOTE: YOU MUST	I hereby declare that all statements made herein of my own knowledge are true and that all statements made						
	on information and belief are believed to be true; a	and further that these statements	sonment, or both, under Section				
THE	that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the						
FOLLOWING:	application or any patent issued thereon.						
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Full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	ΙΥΥ			
Insert Name of Inventor →	Bengt GUSS	Soust guss	June 22, 2008	\bigvee			
Insert Date This Document is Signed	Residence (City, State & Country)	10 p goros	CITIZENSHIP	C			
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Inventor, if any: see above	Margareta FLOCK	Manart Full	Jun 22 200	L ^ኢ ኦ			
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	Dag Hammarokjo lels u	9 238 0,3 106	2. Copser overes				
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Fall Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
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fuli Name of Chirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						

^{*}DATE OF SIGNATURE